BEST AVAILABLE COF

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

09/9:4077

application or Docket Number

CLAIMS AS FILED - PART I								MALL E	YTITY	<i>.</i>	OTHER		I
			(Column	1)	(Colu	mn 2)	1	YPE [OR	SMALL	AUUUV .	
TOTAL CLAIMS								RATE	IFEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	<u> </u>	OR	BASIC FEÈ	860	3
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7			X\$ 9=		OR	X\$18=	126	ŀ
INDEPENDENT CLAIMS			· 12. minus 3 =		່			X40=		OR	X80=	720	ŀ
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		· 🛚			+135=		OR	+270=	44	
• If	the difference	in column 1 is	less than zero, enter "0" in col			olumn 2	L	TOTAL		OR	TOTAL	1706	ŀ
	C	LAIMS AS A	MENDED - PART II					i	·		OTHER		l
		(Column 1)		mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL VFEE	
	Total	. 2>	Minus	`	20	= 7		X\$ 9=		OR	X\$18=	が対	
	Independent	· 12	Minus '	•••	3	= 9		X40=		OR	X80= -	720	ĺ
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		!	+135=		OR	+270=		ŀ
	,		• .	•			L	TOTAL		O₽.	TOTAL	841.00	
••	8-13-04						A	DDIT. FEE		JUA,	ADDIT. FEE	070	
<u> </u>	01807	(Column 1)	E PROPERTO N	(Colu		(Column 3)	1 -			1 1			l
AMENDMENT B	10 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	REMAINING AFTER	394		BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI; .	
	AND THE SA	AMENDMENT		PAID	FOR	-	┨┠		FEE			FEE	ĺ
	Total	. 2/	Minus	<u> 7</u>	7	=		X\$ 9=		OR	X\$18=		İ
	Independent	NTATION OF MI	Minus		<u>Z</u>	=/	┨╏	X40=		OR	X80=	/	l
	FIRST PRESE	NIATION OF MI	ULTIPLE DEP	ENDEN	/ CLAIM	<u>/ _ L_J</u>	¹	+135=		OR	+270=		
							L ^	TOTAL ODIT. FEE		OF/	TOTAL ADDIT. FEE		l
		(Column 1)		(Colu	mn 2)	(Column 3)				' (UDDIT LEET		
AMENDMENT C		CLAIMS		HIGH	IEST		1 г	·	ADDI-			ADDI-	1
		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total		Minus	••	<u></u>	=	1.	X\$ 9=		00	X\$18∓	1,00_	ı
	Independent	•	Minus	***	· · · · · · · · · · · · · · · · · · ·	=	1 F			OR		•	l
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		1 L	X40=		OR	X80=		1
							1	+135=		OR	+270=		
. **	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT, FEE		
		mber Previously P nber Previously Pa						ODIT. FEE nd in the ap	propriate bo	r in co			

BEST AVAILABLE COPY